

**Hayward Police Department
Junior Giants
Rookie League Baseball
Application**

Player's Name: _____

Date of Birth: _____ Telephone: _____

Address: _____

Parent or Guardian: _____

Person to Contact in Case of Emergency:

Name: _____

Relationship: _____ Telephone: _____

Release of Liability:

I, _____, parent or guardian of _____
Hereby agree to assume all risks inherent in and arising from participating in this activity, and agree to hold harmless and indemnify the Hayward Police Department, Hayward Area Recreation Department, the San Francisco Giants Baseball Organization, its officers, employees and agents from and against all loss and liability for injury to person or property which my minor child incur by reason of or arising out of, such participation in this program.

Parent/Guardian Signature

Date